## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

09/503673

| .,                                                            |                                                  | CLAIMS AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FILED -                      | PART I                                           | •                                                       | •                                                  | . ;       | SMALL E                                                             | NTITY                  |                      | OTHER                                                              | THAN            |
|---------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|-----------|---------------------------------------------------------------------|------------------------|----------------------|--------------------------------------------------------------------|-----------------|
|                                                               |                                                  | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Column                      | 1)                                               | (Colu                                                   | mn 2)                                              |           |                                                                     |                        | OR                   | SMALL                                                              | ENTITY.         |
| TOTAL CLAIMS                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                  |                                                         |                                                    | ] [       | RATE                                                                | FEE                    | 1                    | RATE                                                               | FEE             |
| FOR ,                                                         |                                                  | NUMBER FILED :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | NUMB                                             | ER EXTRA                                                |                                                    | BASIC FEE | 150.00                                                              | OR                     | BASIC FEE            | 300.00                                                             |                 |
| TOTAL CHARGEABLE CLAIMS                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 38 mir                       | nus 20=                                          | * 19                                                    | w                                                  |           | X\$ 25=                                                             | 1 1                    | OR                   | X\$50=                                                             |                 |
| INDEPENDENT CLAIMS                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .10 ml                       | nus 3 =                                          | * 6                                                     |                                                    | ·         | X100=                                                               |                        | 1                    | X200=                                                              |                 |
| MULTIPLE DEPENDENT CLAIM P                                    |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESENT .                     |                                                  |                                                         |                                                    |           |                                                                     |                        | OR                   | <u> </u>                                                           |                 |
| * If the difference in column 1 is                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | loss than zero, enter "O" in |                                                  |                                                         | olumo 3                                            | '         | +180=                                                               |                        | ÒŖ                   | +360=                                                              |                 |
| **                                                            | me umererice                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1655 tijai 126               | oro, erner                                       | 0 111 0                                                 | olullil 2 , ,                                      |           | TOTAL                                                               | <u> </u>               | OR                   | TOTAL                                                              | L <i>L</i>      |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                  |                                                         |                                                    |           | SMALL                                                               | ENTITY                 | OR                   | OTHER<br>SMALL                                                     |                 |
| _                                                             | . "                                              | . CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              | HIGH                                             | EST                                                     |                                                    | 1         |                                                                     | ADDI-                  | 1                    | , , , , ,                                                          | ADDI-           |
| AMENDMENT A                                                   | REMAINING<br>AFTER<br>AMENDMENT                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PREVIO PAID                  |                                                  | DUSLY EXTRA                                             |                                                    |           | PATE                                                                | TIONAL<br>FEE          |                      | RATE                                                               | TIONAL<br>FEE:  |
|                                                               | Total                                            | . 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus                        |                                                  | 60                                                      | = . /                                              | 1 1       | X\$ 25=                                                             | 1                      | OR                   | X\$50=                                                             | 1               |
|                                                               | Independent-                                     | - [1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus                        | in                                               |                                                         | = / ;;                                             | 1         | X100=                                                               | /                      | OR                   | X200=                                                              |                 |
| Ľ                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                  |                                                         | <u> </u>                                           | J .       | .400                                                                | /                      |                      |                                                                    | //\             |
|                                                               | •                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | • •                                              |                                                         |                                                    | . 1       | +180≐                                                               | /                      | OR                   | +360=                                                              | <i>  </i>   \   |
|                                                               |                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                  | •                                                       | -                                                  | L         | TOTAL                                                               |                        | •                    | 7074                                                               |                 |
| . 1                                                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                  |                                                         |                                                    |           | TOTAL<br>ADDIT. FEE                                                 |                        | OR                   | TOTAL<br>ADDIT. FEE                                                |                 |
| <u></u>                                                       | 27-07                                            | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ···                          | (Colun                                           |                                                         | (Column 3)                                         |           |                                                                     |                        | OR                   |                                                                    |                 |
| 十 8 5                                                         | 27-07                                            | CLAIMS<br>REMAINING<br>AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | HIGHI<br>NUME<br>PREVIO                          | EST<br>BER<br>DUSLY                                     | (Column 3) PRESENT EXTRA                           |           |                                                                     | ADDI-<br>TIONAL        | OR                   |                                                                    | ADDI-<br>TIONAL |
| DMENT B. +                                                    | 27-07                                            | . CLAIMS<br>REMAINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Minus                        | HIGH<br>NUME                                     | EST<br>BER<br>DUSLY                                     | PRESENT                                            |           | RATE                                                                |                        |                      | RATE                                                               |                 |
| MENDMENT B                                                    |                                                  | CLAIMS<br>REMAINING<br>AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Minus<br>Minus .             | HIGHI<br>NUME<br>PREVIO<br>PAID I                | EST<br>BER<br>DUSLY                                     | PRESENT<br>EXTRA                                   |           | RATE  X\$ 25=                                                       | TIONAL                 | OR                   | RATE X\$50=                                                        | TIONAL          |
| AMENDMENT B                                                   | Total<br>Independent                             | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Minus .                      | HIGHI<br>NUME<br>PREVIO<br>PAID I                | EST<br>BER<br>DUSLY<br>FOR                              | PRESENT<br>EXTRA                                   |           | RATE                                                                | TIONAL                 |                      | RATE                                                               | TIONAL          |
| AMENDMENT B                                                   | Total<br>Independent                             | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Minus .                      | HIGHI<br>NUME<br>PREVIO<br>PAID I                | EST<br>BER<br>DUSLY<br>FOR                              | PRESENT<br>EXTRA                                   |           | RATE  X\$ 25=                                                       | TIONAL                 | OR                   | RATE X\$50=                                                        | TIONAL          |
| AMENDMENT B                                                   | Total<br>Independent                             | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Minus .                      | HIGHI<br>NUME<br>PREVIO<br>PAID I                | EST<br>BER<br>DUSLY<br>FOR                              | PRESENT<br>EXTRA                                   |           | RATE  X\$ 25=  X100=                                                | TIONAL                 | OR<br>OR<br>OR       | RATE  X\$50=  X200=                                                | TIONAL          |
| AMENDMENT B                                                   | Total<br>Independent                             | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Minus .                      | HIGHI<br>NUME<br>PREVIO<br>PAID I<br>4** J       | EST BER JUSLY FOR CLAIM                                 | PRESENT<br>EXTRA                                   |           | RATE  X\$ 25=  X100=  +180=  TOTAL                                  | TIONAL                 | OR<br>OR<br>OR       | RATE  X\$50=  X200=  4360=                                         | TIONAL          |
| AMENDMENT                                                     | Total<br>Independent                             | CLAIMS REMAINING AFTER AMENDMENT  A 23  THE NTATION OF MI  (Column 1) CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Minus .                      | HIGH<br>NUME<br>PREVIO<br>PAID I<br>444 C        | EST BER JUSLY FOR CLAIM                                 | PRESENT EXTRA  O O O O O O O O O O O O O O O O O O |           | RATE  X\$ 25=  X100=  +180=  TOTAL                                  | TIONAL FEE             | OR<br>OR<br>OR       | RATE  X\$50=  X200=  4360=                                         | TIONAL          |
| AMENDMENT                                                     | Total<br>Independent                             | CLAIMS REMAINING AFTER AMENDMENT  A 23  THE PROPERTY OF ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Minus .                      | HIGHI<br>NUME<br>PREVIO<br>PAID I<br>4** J       | EST BER JUSLY FOR CLAIM  CLAIM  OR EST BER DUSLY        | PRESENT EXTRA                                      |           | RATE  X\$ 25=  X100=  +180=  TOTAL                                  | ADDI-<br>TIONAL        | OR<br>OR<br>OR       | RATE  X\$50=  X200=  4360=                                         | ADDITIONAL      |
| AMENDMENT                                                     | Total<br>Independent                             | CLAIMS REMAINING AFTER AMENDMENT  A J3  THE PROPERTY OF MU  (Column 1) CLAIMS REMAINING AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Minus .                      | HIGHI<br>NUME<br>PREVIO<br>PAID I<br>*** PENDENT | EST BER JUSLY FOR CLAIM  CLAIM  OR EST BER DUSLY        | PRESENT EXTRA  O  O  (Column 3)  PRESENT           |           | RATE  X\$ 25=  X100=  +180=  TOTAL ADDIT. FEE                       | TIONAL FEE             | OR<br>OR<br>OR       | RATE  X\$50=  X200=  4360=  TOTAL  ADDIT. FEE                      | TIONAL          |
| AMENDMENT                                                     | Total Independent FIRST PRESE  Total Independent | CLAIMS REMAINING AFTER AMENDMENT  A 23  THE PROPERTY OF MILES  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Minus  JLTIPLE DEF           | (Colum Hight Núme PREVIO PAID I                  | EST BER JUSLY FOR CLAIM  CLAIM  ON 2) EST BER DUSLY FOR | PRESENT EXTRA  O O O O O O O O O O O O O O O O O O |           | RATE  X\$ 25=  X100=  +180=  TOTAL ADDIT. FEE                       | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR       | RATE  X\$50=  X200=  +360=  TOTAL  ADDIT FEE                       | ADDITIONAL      |
| AMENDMENT C AMENDMENT B                                       | Total Independent FIRST PRESE  Total Independent | CLAIMS REMAINING AFTER AMENDMENT  A J3  THE TOTAL CONTROL CONT | Minus  JLTIPLE DEF           | (Colum Hight Núme PREVIO PAID I                  | EST BER JUSLY FOR CLAIM  CLAIM  ON 2) EST BER DUSLY FOR | PRESENT EXTRA  COlumn 3) PRESENT EXTRA             |           | RATE  X\$ 25=  X100=  +180=  TOTAL ADDIT. FEE  RATE  X\$ 25=  X100= | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR<br>OR | RATE  X\$50=  X200=  4360=  TOTAL  ADDIT. FEE  RATE  X\$50=  X200= | ADDITIONAL      |
| AMENDMENT                                                     | Total Independent FIRST PRESE  Total Independent | CLAIMS REMAINING AFTER AMENDMENT  A 23  THE PROPERTY OF MILES  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Minus  JLTIPLE DEF           | (Colum Hight Núme PREVIO PAID I                  | EST BER JUSLY FOR CLAIM  CLAIM  ON 2) EST BER DUSLY FOR | PRESENT EXTRA  COlumn 3) PRESENT EXTRA             |           | RATE  X\$ 25=  X100=  +180=  TOTAL ADDIT. FEE  RATE  X\$ 25=        | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR       | RATE  X\$50=  X200=  4360=  TOTAL ADDIT. FEE  RATE  X\$50=         | ADDITIONAL      |